



Occupational and Business Licensing  
555 Wright Way  
Carson City, NV 89711  
(775) 684-4690  
[www.dmvnv.com](http://www.dmvnv.com)

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**CERTIFICATE OF EMPLOYMENT**

*Please type or print in ink.*

**FEES**

<input type="checkbox"/> Salesman	<input type="checkbox"/> New License	<input type="checkbox"/> Inspector	New . . . . \$ _____
<input type="checkbox"/> Manager	<input type="checkbox"/> Transfer	Class: <input type="checkbox"/> One <input type="checkbox"/> Two	Renew . . . \$ _____
<input type="checkbox"/> Other (Title) _____	<input type="checkbox"/> Renewal	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel	Transfer . . . \$ _____

<input type="checkbox"/> Drive School Instructor:	<input type="checkbox"/> CDL	<input type="checkbox"/> Non CDL	<input type="checkbox"/> Behind the Wheel
<input type="checkbox"/> DUI School Instructor	<input type="checkbox"/> Trainee		<input type="checkbox"/> Gen Class under 18
<input type="checkbox"/> Traffic Safety School Instructor	<input type="checkbox"/> Trainee		

**EMPLOYEE:**

Name \_\_\_\_\_ Occupational License No. \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No: (    ) \_\_\_\_\_

Social Security No \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

I certify under penalty of perjury that all information contained in this application is true and correct.

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYER:**

Business Name \_\_\_\_\_ Business License No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No: (    ) \_\_\_\_\_

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Authorized Representative's Name (*Print*) \_\_\_\_\_ Title \_\_\_\_\_

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Authorized Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_